

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2502

Registration District No. 294

Primary Registration District No. 4178

Registrar's No.

1. PLACE OF DEATH:

- (a) County Franklin Co.
(b) City or town St. Clair, Missouri
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: in hospital or institution _____ (Specify whether)
In this community _____ years, months or days

8. (a) PRINT FULL NAME Daniel Augustus Hammond

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jane Hammond 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased July 29 (Month) (Day) (Year) 1869

8. AGE: 72 Years 6 Months 7 Days If less than one day hr. _____ min.

9. Birthplace Sullivan R.R. (City, town, or county) (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business

12. Name Marian Hammond
13. Birthplace Sullivan Mo (City, town, or county) (State or foreign country) 0
14. Maiden name Jane Reed
15. Birthplace Reedville Mo (City, town, or county) (State or foreign country) 0

16. (a) Informant Jessie Hammond
(b) Address St. Clair, Mo.

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof Feb Sat 4, 1941 (Month) (Day) (Year)

- (c) Place: burial or cremation New Chapel Hill

18. (a) Signature of funeral director Harwood Mitchell
(b) Address St. Clair, Mo.

19. (a) Feb. 7, 1941 (b) H. S. Duckworth (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Franklin
(c) City or town St. Clair (If outside city or town limits, write "RURAL") 0

- (d) Street No. _____ (If rural, give location) 0

- (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5 year 1941 hour 14 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov. 22, 1940, to Feb 4, 1941; that I last saw him alive on February 4, 1941; and that death occurred on the date and hour stated above.

- Immediate cause of death Pneumonia Duration 9 weeks

- Due to _____

- Due to _____

- Other conditions. (Include pregnancy within 3 months of death) 107

- Major findings: Of operations _____

- Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 26

- While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. P. Foss (M. D. or other) 1
Address Washington, Mo. Date signed 2/6/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

36
3
0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Shirwood Kitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

